

Toth et al.

S/N: 09/683,128

**In the Specification**

Please amend paragraph [0035] as follows:

-- Referring now to Fig. 4, one method of predicting a noise index starts at 120. An operator enters patient data representing gender, age, weight, and anatomic volume of the patient which is processed by the computer 122. The computer accesses a patient demographic database 124, which stores data for constructing projection sets based on the operator input of patient data. The computer uses the stored data to generate a set of initial projections 126 having a plurality of sub-volumes for the specified patient. If desired, the set of initial projections can be displayed on the console 40 of Fig. 2. --

Please amend paragraph [0037] as follows:

-- Fig. 5 is a flow chart showing another process of predicting a noise index profile for the patient. The process begins at 132 whereupon ~~A~~an operator enters scan parameters to select a scan protocol for a scout scan 134. The scout scan is performed and data is acquired 136. After acquiring data from the scout scan 136, the data and the generated noise prediction coefficients 102 of Fig. 3 are used to predict the noise index profile 138. The method then ends at 140, and the predicted noise index profile can again be used to generate a tube current profile to achieve a desired noise index.--

Please amend paragraph [0040] as follows:

-- Fig. 7 is a flow chart of another embodiment of the present invention for predicting and selecting a target noise index. Selection of the target noise index begins at 164 wherein a diagnostic tube current input method and/or computer program is retrieved from a stored clinical protocol 166. A target noise index is generated using a final reference phantom and a diagnostic tube current value 168. The data from the reference phantom can vary according to a selected projection area of the phantom and an oval ratio indicative of the ratio of projection measures taken at zero and ninety degree gantry rotation positions.--